



The Cost of Caring

by KENDA RIGGS

“Being a teacher is a stressful job, but teachers are now responsible for a lot more things than just providing an education.”

(Trauma Informed Care, May 2019)

Teachers genuinely care about their students’ overall health and well-being. Besides teaching to meet the learning needs of the students in their classrooms, teachers are professionals who mentor and nurture providing comfort and reassurance when students are emotionally upset, physically ill, or needing guidance from an adult who is there to listen and care. When students come to school coping with trauma from maltreatment, family violence, grief and loss, medical procedures, bullying, addictions, family difficulties and/or living in care, teachers are often the people who become directly aware of the traumas some students bring to the classroom, and may also become directly exposed to the same trauma story as their students. The physical and psychological impacts on the teacher who bears witness to the traumas experienced by a child or youth in their classrooms can be profound.

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another (The National Child Traumatic Stress Network, 2020). Figley (1995) describes secondary traumatic stress as the stress resulting from helping or wanting to help a traumatized or suffering person, which he labels as ‘the cost of caring’. For teachers, secondary traumatic stress can occur in the form of a trauma reaction when hearing about or witnessing the trauma suffered by a child or youth. However, the risk of experiencing secondary traumatic stress is higher if you have your own unresolved personal traumas, are exposed to children and youth with multiple traumas, or if you do not have adequate training to deal with trauma disclosures. This knowledge and awareness are extremely important because research tells us that repeated exposure to secondary traumatic stress can lead to compassion fatigue, which can ultimately lead to teacher burnout.

The Trauma Reaction – Signs of Secondary Traumatic Stress

Repeated exposure to multiple trauma stories of children and youth or the same trauma story repeatedly from one young person, is immensely stressful and can result in chronic stress. When stress becomes chronic and intense, it can impact our physical and mental health detrimentally. Chronic

stress can weaken our immune system which can make us more susceptible to illness and disease. Chronic stress affects the brain, as increased levels of the stress hormone cortisol are produced, which in turn impacts the hippocampus (memory), amygdala (emotions) and prefrontal cortex (thinking). Neuroimaging of the brain has shown that chronic stress can shrink the prefrontal cortex, making the area of the brain responsible for planning, judgement and reasoning smaller and increase the size of the amygdala, causing this area of the brain to remain on alert, in fight-or-flight mode. Therefore, when teachers are chronically stressed, they may not be able to think clearly and may forget certain information that they have known for years, because the amygdala is almost always activated.

As a teacher, you may be aware that secondary traumatic stress is present in your life, or you may not be. Many times, teachers continue on autopilot until something physical or psychological happens that makes them realize something is just not right. Often, teachers are unable to name exactly what is happening to them and may have kept these thoughts and feelings to themselves. It is essential to always be mindful of signs and symptoms that may indicate that secondary traumatic stress is present in your life.

Some common symptoms of secondary traumatic stress include: intrusive thoughts picturing the student’s trauma(s); exhaustion, physical ailments, and pain; hypervigilance to noises, sirens, loud voices, a door closing; feeling unsettled throughout the day and night; insomnia, nightmares, waking up and not being able to get back to sleep; irritability, agitation, sadness that comes and goes; inability to concentrate or difficulty making decisions; increased anxiety about the safety of a student, yourself, or a person you care about; feeling detached from others, including students, colleagues, and loved ones; and/or feelings of professional inadequacy.

ACEs and Trauma Informed Care

Adverse Childhood Experiences (ACEs) are defined as traumatic and stressful experiences that occur in child and adolescent years, and include living with physical abuse, sexual abuse, emotional abuse, emotional neglect, physical neglect, mental illness, sub-

stance abuse, separation/divorce, domestic violence, incarceration, and/or living in foster care (Felitti et al., 1998). There can be long term effects of experiencing ACEs, and from this research, we know that ACEs occurring in childhood have a significant influence on the health and well-being of adults. The Centers for Disease Control and Prevention (CDC) found that over 50% of adults have reported experiencing at least one adverse childhood experience (Harris, 2020). The research is important for understanding chronic stress and teachers because we know that secondary traumatic stress can happen to *any* teacher who is repeatedly exposed to the trauma stories experienced by their students. However, we also know that there are many teachers who experienced abuse, neglect, and household challenges when they were young, resulting in one or more ACEs, which may be retriggered by the trauma stories of the students in their classroom.

In more recent years, there is focus on a trauma-informed care approach, which assumes that a teacher is more likely than not to have a history of at least one trauma, and recognition of the impact that ACEs may have in a teacher's life. When any teacher is exposed, often repeatedly, to the trauma stories of students which may result in secondary traumatic stress, it is important to embrace a trauma-informed approach to the care of that teacher no matter what the teacher's earlier life experiences may be. Emphasis is on recognizing and responding to the impact of the current traumatic stress on the teacher who works with the children and youth who have experienced trauma. It is particularly important to recognize that trauma impacts every single individual in a different manner. Therefore, when coping with secondary traumatic stress, trauma-informed care takes an empathic approach, shifting the focus from 'what's wrong with you?' to 'what happened to you?'. This is significant because it changes the conversation with a goal of collectively supporting the teacher who is coping with secondary traumatic stress.

What Can Be Done to Help Teachers Experiencing Secondary Traumatic Stress?

While acknowledging and naming secondary traumatic stress among teachers, it is also important to highlight the good news. The human brain has plasticity, and the ability to heal from the impacts of chronic stress. When we become aware of, recognize, and seek help for secondary traumatic stress in our lives, new neural pathways can re-form in the brain, and the brain and body can recover from chronic stress. Neuroimaging studies have shown that with intervention and support, the amygdala part of our

brain can shrink, allowing for more control over emotions when stress occurs, and the pre-frontal cortex can get thicker. Hence, there is a lot of focus on stress-reducing strategies like mindfulness and meditation, with an essential component of trauma-informed care practice being self-care. The research shows that benefits include improvements to self-awareness, mental concentration, and emotion regulation.

It is critical for schools and school districts to recognize the impacts of secondary traumatic stress on teachers. Starting the conversation is important but continuing the conversation must also be a priority. The more teachers talk about secondary traumatic stress with a goal of acknowledging and recognizing it exists, the sooner they will feel empowered to reach out for the help they need. With increasing class sizes, growing complexity in class composition, and mental health needs of children and youth on the rise, there are more demands on teachers than ever before. This means a higher risk of secondary traumatic stress for teachers. Embracing trauma-informed care for teachers means believing in the value of this approach; providing a culture of staff wellness; and creating a safe physical, social, and emotional environment whereby every teacher feels empowered to speak out about themselves or in support of a colleague experiencing secondary traumatic stress. This will be important to increase resiliency as a collective staff group rather than an individual feeling like they are coping with secondary traumatic stress alone.

With the current global pandemic, COVID-19 has brought additional stress for many teachers. Some teachers may have found COVID-19 exacerbated pre-existing conditions, like anxiety and depression. For others, even those with pre-existing conditions, the transition back to school may have been a welcome return to a familiar routine. It is the same for students returning to school – some may have experienced significant stress and trauma before and during this pandemic, and others may have been wishing to have structure, routine, and socialization back in their lives. What we do know is teachers are the ones who are there for all of their students. Supporting them in this important role means that we need to be talking about secondary traumatic stress and trauma informed care for teachers more now than ever.

If you feel you may be experiencing secondary traumatic stress, please reach out to your EAP Coordinators for support and help with starting your healing journey.

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“It is important to be aware that any person who works with children or youth is at risk of secondary traumatic stress.”